



DP-309800

IPW

THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Application of:)
Applicants: Bruno P.B. Lequesne, *et al.*) Examiner: Ledynh, Bot L.
Serial No.: 10/615,561) Group Art Unit: 2862
Filed: 07/08/2003) Confirmation No.: 9003
Title: Sensor Assembly For Sensing)
Angular Position)

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

This amendment is in response to the Office Action dated as mailed June 22, 2004, having a response due date of October 22, 2004 with a one-month extension.

Please proceed to the following page.

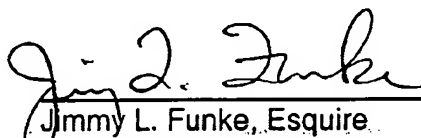
11/04/2004 VPROHM2 00000002 500031 10615161

01 FC:1201 264.00 DA
02 FC:1251 110.00 DA

The applicant appreciates the Examiner's efforts for conducting a thorough examination, and cordially invites the Examiner to call the undersigned attorney if there are any outstanding items that may be resolved via telephone conference.

You are hereby authorized to charge the fees necessary for adding the additional claims and for the one month extension of time to Delphi Technologies, Inc. Deposit Account No. 50-0831.

Respectfully submitted,

A handwritten signature in dark ink, appearing to read "Jimmy L. Funke", is written over a horizontal line.

Jimmy L. Funke, Esquire
Registration No. 34,166
Delphi
P.O. Box 5052
M/C 480-410-202
Troy, Michigan 48007
Telephone: (248) 813-1214
Facsimile: (248) 813-1211

PATENT APPLICATION FEE DETERMINATION RECORD
Effective January 1, 2003

Application or Docket Number

10615561

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	25	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	25 minus 20 =	* 5
INDEPENDENT CLAIMS	2 minus 3 =	* 0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	11/3/04	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
	Total	* 24	Minus ** 25 =
	Independent	* 6	Minus *** 3 = 3
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	375.00	OR	BASIC FEE	750.00
X\$ 9=		OR	X\$18=	90
X42=		OR	X84=	0
+140=		OR	+280=	0
TOTAL		OR	TOTAL	840

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	264.00
+140=		OR	+280=	1
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	264.00

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
	Total	*	Minus ** =
	Independent	*	Minus *** =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
	Total	*	Minus ** =
	Independent	*	Minus *** =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.